

Stop the Spiral: 48-Hour Audit Triage Cheat Sheet

A Real-Time Audit Response Tool from Paperwork Without Panic™ www.paperworkwithoutpanic.com



PHASE 1: VISIBILITY

What will the reviewer see first? Start here — especially if you don't know where else to begin.

Priority Checklist

<p>Check these areas first:</p> <ul style="list-style-type: none"><input type="checkbox"/> Most recent client files<input type="checkbox"/> Clients with behavioral, legal, or medical complexity<input type="checkbox"/> Active employee files<input type="checkbox"/> Admin wall docs (fire drills, menus, calendars, grievance posters)<input type="checkbox"/> Training binders & rights acknowledgments	<p>Quick Fix Actions:</p> <ul style="list-style-type: none"><input type="checkbox"/> Check for missing or expired items<input type="checkbox"/> Add placeholder sheets with explanations<input type="checkbox"/> Re-sign anything that's blank or incomplete<input type="checkbox"/> Label dividers, sections, and unlabeled tabs<input type="checkbox"/> Sticky note anything being actively corrected<input type="checkbox"/> Add "Documentation in Progress" note when appropriate
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PHASE 2: RISK

What's most likely to trigger a citation if it's wrong or missing? This is where the reviewer goes next if they're concerned.

High-Risk Checklist

<p>Review these documents:</p> <ul style="list-style-type: none"><input type="checkbox"/> Medical consents (signed, current, clear)<input type="checkbox"/> Behavior plans (aligned with services, signed, up to date)<input type="checkbox"/> Background checks (on file for all active staff)<input type="checkbox"/> Service plans (goals match current services + reviewed regularly)<input type="checkbox"/> Incident reports + follow-up documentation<input type="checkbox"/> Grievance forms + response timeline<input type="checkbox"/> Emergency protocols + verification	<p>Quick Fix Actions:</p> <ul style="list-style-type: none"><input type="checkbox"/> Re-sign expired or outdated forms<input type="checkbox"/> Add supervisor signatures or therapist sign-offs<input type="checkbox"/> Clarify staff names and service titles<input type="checkbox"/> Write short notes explaining pending updates<input type="checkbox"/> Pull prior versions to avoid duplicate confusion<input type="checkbox"/> If no checklist exists, create a scratch list of items to track
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PHASE 3: PERCEPTION

*What impression are you leaving? This step is about **visual order**, not faking perfection.*

✓ First Impressions Checklist

Improve how your documentation looks:

- ☐ Add a "Missing Docs List" to the front of each file
- ☐ Group similar documents together
- ☐ Fix messy printouts: staple, align, remove duplicates
- ☐ Use sticky notes to mark in-progress documents
- ☐ Label every section clearly and consistently
- ☐ Remove clutter: scratch notes, extra copies, outdated forms
- ☐ Add updated cover pages if needed (e.g., with dates)

FILE-SPECIFIC TASK TRACKER

Use this for the top 5–10 files you're focusing on during your triage.

File Name / ID	Priority Fixes	Status	Follow-Up Person	Due Date
		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Done		
		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Done		
		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Done		
		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Done		
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		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Done		

GENERAL NOTES

Use this space to jot down reviewer questions, internal assignments, or files to revisit later.

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Final Reminder:

Don't panic.

Fix what's **visible**, flag what's **in progress**, and **track** what still needs doing.

Show effort, show structure, show responsiveness – that's what keeps citations away.